

I doubt if any of us would hold a person "responsible" for the content of his dreams, which is now generally regarded as being beyond conscious control. But when the result of unconscious mental activity becomes not dreams but criminality, we rush from our outposts of learning back into the emotional jungle. We might do worse than pay some attention to Dr. Slater's constructive suggestions about "fitting the punishment to the criminal" as well as to the crime.—I am, etc.,

London, S.W.3.

JEANNE JOHNSON SMITH.

Appendicectomy in Chronic Appendicitis

SIR,—Dr. H. D. Forbes Fraser (*Journal*, October 30, p. 1049) was evidently so emotionally disturbed by the implications of the first sentence of my letter (*Journal*, October 9, p. 869) criticizing the paper by Mr. Iain McLennan and Mr. J. Kennedy Watt (*Journal*, September 25, p. 736) that he was unable to read clearly the words that followed. I merely intended to point out that the authors did not present a convincing argument that chronic appendicitis is a clinical entity. Only 65% of their patients were *completely* cured of their abdominal pain by the operation, and an unknown number of these may have sought refuge in other symptoms such as headache or backache now that the appendix could no longer be incriminated. Nevertheless suggestion alone will be bound to cure many; Dr. Forbes Fraser is quite wrong when he infers that deeper psychotherapy is always required to relieve functional symptoms. No doubt he is doing this by simple reassurance every working day. Whether it is justifiable to use an operation for this purpose has not been decided by the paper, because the authors did not include a control series in which reassurance, backed up if necessary by special investigations, was the main treatment.

In children functional abdominal pain, masquerading under many labels such as spastic colon, constipation, abdominal migraine, mesenteric adenitis, etc., is very common, especially near scholarship examinations and other times of stress. The whims of the surgeon and/or the fears of the parents (as with circumcision) often carry more weight in deciding the issue of appendicectomy than the actual condition of the child patient.—I am, etc.,

Stock, Essex.

IAN G. WICKES.

A Penalty of Partial Gastrectomy

SIR,—I was much interested by the letter of Mr. James A. Ross describing one of the less well recognized penalties of partial gastrectomy (*Journal*, October 30, p. 1049), and, although readily admitting its reality, I cannot share his surprise at the fact "that a doctor, knowing the technical details, and conversant with modern literature, should have concurred with the adverse opinions of the laymen" who informed the partially gastrectomized seeker of employment that "after a stomach operation he was not considered fit to undertake the duties of a commercial traveller." I was a final year medical student only a little more than two years ago, in the very teaching hospital from which your correspondent writes, and I still frequently refer to a particular set of lecture notes which I took down from one of the most eminent lecturers in medicine at that time. At one point these stress, in very definite terms, that the finals candidate, when posed the question of the pros and cons of medical and surgical treatment of the duodenal ulcer, should always remember that a man can never regain his old standard of normal health after partial gastrectomy; and that many workers, particularly manual, will never be fit to return to the same job again. I grant that the lecturer here was a physician, and not a surgeon, but he was a man whose word in the sanctity of the lecture theatre was taken as law. It can be guaranteed that all students graduating that year would leave their alma mater carrying away the indisputable dogma that the partially gastrectomized man will, very often, never again be fit enough to return to his old job.

I have been fortunate in spending most of my time since qualification working in surgical units turning out and following up veritable streams of partially gastrectomized men, and I soon had no alternative but to conclude from the

ample evidence before my eyes that on one point, at least, my teacher had misled me: the great majority of men after partial gastrectomy are actually fitter for their particular job than before. Unfortunately, most graduates cannot have the opportunity of seeing such series of cases for themselves, and so they must go on practising in accordance with their teaching. The particular physician I quoted from is, of course, far from being an isolated example, and there is, without doubt, still an appreciably large school of thought which is extremely sceptical concerning the degree of efficacy of the operation in question. Although, as I see it, there has not been any outstandingly significant, or widespread, change in the technique of partial gastrectomy in this country over the last few years, I do think that, in those few years, the operation has definitely been progressing, more rapidly than previously, in its gaining of a more widespread appreciation for its genuine merits. If my humble opinion can be of any cheer to Mr. Ross, I would conclude by venturing a prediction that the appreciation of the true worth of the operation will thus soon have spread to the farthest corner of the sceptics in the profession, and then surely even the lay employer must soon see the light.—I am, etc.,

York.

D. G. CHAMBERS.

Treatment of the Common Cold

SIR,—“Starve a fever, feed a cold” is an old saying in which may be the answer to the treatment of the common cold. Although it does not give a choice of food, a clue is to be found in the pre-war claim much advertised by the orange growers. More recently it has been suggested that heavy doses of ascorbic acid were effective. However, this did not seem to be the complete answer. By chance I noticed that a combination of the vitamin-B complex taken in combination with heavy doses of ascorbic acid seemed to abort the common cold in 24–48 hours; also a smaller dose can be taken prophylactically. This observation seems to be so consistent that I felt that it was worth while making it more widely known. Dosage: ascorbic acid, 200 mg. four-hourly, and vitamin B compound tablets three times a day.

In order to substantiate this claim I gave a small series of cases a course of the two vitamins and a series of controls were given dummy tablets. Day-to-day records were made and nose and throat swabs were taken as a routine at the first inspection. In all cases no pathogenic organisms were demonstrated. Of the 12 recorded cases given genuine tablets, 11 were fit on the third day, one case went home and was not seen for two weeks. Of the 10 cases given dummy tablets, five were considerably worse on the sixth day, one was fit on the fourth day, and one was fit on the second day. The other three did not attend again. Other cases have been treated but not recorded, and the impression is favourable when compared with other forms of treatment.

Although I can only offer my own observations as proof, the results have been so dramatic that I feel that others should be given a chance to try it.

I wish to record thanks to Messrs. Lawrence and Scott, Norwich, for allowing me use of their sick-room and the men for attending; also to Roche Products for supplying the tablets.—I am, etc.,

Norwich.

A. S. WOOLSTONE.

Fallacy of the Furred Tongue

SIR,—Dr. B. Gans's attempt to expose the "fallacy of the furred tongue" (*Journal*, November 13, p. 1146) is unconvincing and misleading. He does not distinguish adequately between types and degrees of furring, nor indeed does he define what he means by a furred tongue. He does not give us the numbers of "sick" and "normal" children among the 750 he examined, yet no less than 468 of their tongues, or 62.4%, were furred. Is this the proportion of furred tongues in the population as a whole? Where, in fact, is his normal control series? Further, Dr. Gans is guilty of a misuse of statistics. He classifies his diagnoses into 11 headings as if these were mutually exclusive. Are we to believe that none of the children with emotional upsets, skeletal abnormalities, and skin troubles were suffering from upper respiratory infection or digestive troubles, two